

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - **22059**

2. Fiscal Year Covered From:

**1 / 1 / 2004** Through: **12 / 31 / 2004**

**NEW FILING**

3. Name and address of person filing.

Name **MICHAEL IV MCBRIDE**

P.O. Box, Bldg., Room No., if any **—**

Street **116 PINEHURST AVE., APT G41**

City **NEW YORK**

State **N.Y.** ZIP Code + 4 **10033**

4. Name, file number, and address of labor organization.

Name **UNITED SCENIC ARTIST, L.U. USA829**

Labor Organization File Number **046.022**

P.O. Box, Building and Room Number, if any **—**

Street **29 WEST 38TH ST., 15TH FLOOR**

City **NEW YORK**

State **N.Y.** ZIP Code + 4 **10018**

5. Position in labor organization.

**NATIONAL BUSINESS AGENT**

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name **LEAGUE OF AMERICAN THEATRES & PRODUCERS**

Trade Name, if any: **AMERICAN THEATRE WING**

P.O. Box, Bldg., Room No., if any **"THE ANTOINETTE PERRY AWARDS" ("TONIES")**

Street **226 WEST 47TH ST.**

City **NEW YORK**

State **N.Y.** ZIP Code + 4 **10036**

7.a. Nature of Interest, Transaction, or Income.

**① TONY AWARDS' VOTER**

**② TONY AWARDS' ADMINISTRATION COMMITTEE**

**RECEIVE COMPLIMENTARY TICKETS TO REVIEW ELIGIBLE PRODUCTIONS**

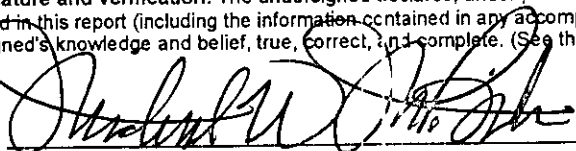
7.b. Amount.

**NO STATED VALUE**

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On **AUGUST 15, 2005** (212) **581-0300**  
Date Telephone Number

|  |                                |
|--|--------------------------------|
| Name of Person Filing <b>MICHAEL IV. McBRIDE</b> | File Number U- <b>NEW FILE</b> |
|--|--------------------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|  |   |
|--|---|
| 8. Name and address of Business (including trade name, if any).<br><br>Name <b>UNITED SCENIC ARTISTS, L.U. USA829</b><br><br>Trade Name, if any: <b>—</b><br><br>P.O. Box, Bldg., Room No., if any <b>—</b><br><br>Street <b>29 WEST 38TH ST., 15TH FLOOR</b><br><br>City <b>NEW YORK</b><br><br>State <b>N.Y.</b> ZIP Code + 4 <b>10018</b> | 9. Business deals with:<br><br>a. Labor Organization<br><input checked="" type="checkbox"/> b. Trust<br>c. Employer   |
| 10. If 9.b. or 9.c. is checked give trust or employee's name.<br><br>Name <b>UNITED SCENIC ARTISTS</b><br>Trade Name, if any: <b>PENSION &amp; WELFARE FUNDS</b><br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <b>29 WEST 38TH ST., 15TH FLOOR</b><br><br>City <b>NEW YORK</b><br><br>State <b>N.Y.</b> ZIP Code + 4 <b>10018</b>   | 11.a. Nature of such dealing.<br><b>TRUSTEE</b><br><br>11.b. Approximate dollar value of such dealing. <b>— 0 —</b><br><br>12.a. Nature of interest held or income received.<br><b>NONE</b><br><br>12.b. Amount. <b>— 0 —</b> |

|  |  |
|--|--|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).<br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4 | 14.a. Nature of payment.<br><br><div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13.b. Is the Business and Employer <u>2</u> or Consultant  | 14.b. Amount of payment.   |

|   |  |                                |
|---|--|--------------------------------|
| Name of Person Filing <b>MICHAEL W. MCBRIDE</b>   |  | File Number U- <b>NEW FILE</b> |
| <b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b> |  |                                |
| 8. Name and address of Business (including trade name, if any).<br><br>Name <b>UNITED SCENIC ARTISTS, L.U. USA 829</b><br><br>Trade Name, if any: <b>--</b><br><br>P.O. Box, Bldg., Room No., if any: <b>--</b><br><br>Street <b>29 WEST 38TH ST., 15TH FLOOR</b><br><br>City <b>NEW YORK</b><br><br>State <b>N.Y.</b> ZIP Code + 4 <b>10018</b>  | 9. Business deals with:<br><br>a. Labor Organization<br><br><input checked="" type="checkbox"/> b. Trust<br><br>c. Employer  |                                |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.<br><br>Name <b>UNITED SCENIC ARTISTS LOCAL 829</b><br><b>401 (K) RETIREMENT PLAN</b><br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any: <b>--</b><br><br>Street <b>203 NORTH WABASH AVENUE,</b><br><b>SUITE 1210</b><br><br>City <b>CHICAGO</b><br><br>State <b>ILLINOIS</b> ZIP Code + 4 <b>60601</b>  | 11.a. Nature of such dealing.<br><br><b>TRUSTEE</b><br><br>11.b. Approximate dollar value of such dealing. <b>- 0 -</b><br><br>12.a. Nature of interest held or income received.<br><br><b><u>NONE</u></b><br><br>12.b. Amount. <b>- 0 -</b> |                                |